

Children`s Clinical Reference Group Progress Report June 2014.

Purpose

This paper sets out, for Wandsworth Clinical Commissioning Group (WCCG) Board members, the progress in meeting the strategic objectives outlined in the Children and Young Peoples Plan 2011-15, and the Wandsworth CCG commissioning strategy. It also outlines the progress made in developing and implementing new initiatives to improve services and outcomes for children young people and their families in Wandsworth. The report highlights the key health needs for Wandsworth children (see appendix 1), the Clinical Reference Group achievements, and the Commissioning intentions for 2014-16.

Background

The purpose of the Children`s Health Overview and Clinical Reference Group (CHOCROG) is to bring all partners with a role in improving the outcomes for children and young people`s health in Wandsworth together.

The CHOCROG ensures that key priorities are related to clear evidence of local need and national and local policy and specifically that they take account of Joint Strategic Needs Assessment (JSNA), Health and Well Being Strategy, Health Inequalities strategy, NICE guidance and the Children`s Health Needs Assessment . The CHOCROG ensures that the work streams are rooted in priorities set out in the WCCG Commissioning Strategy.

Commissioning Arrangements in Children services from April 2013.

The commissioning arrangements in Children Services have changed radically over the last year and have become more complex.

Prior to April 2013 the PCT was responsible for commissioning all health services for children and young people. That included the following services:

- Health Visiting (0-5 year olds)
- School Nursing (5-19 year olds)

In April 2013, as part of implementation of the Health and Social Care Act, the following changes to commissioning arrangements took place:

- School Nursing (5-19year olds) transferred to the Local Authority.
- Health visiting (0-5 year olds) transferred to NHS England but will transfer to the Local Authority in 2015.

Appendix 3 gives a comprehensive outline of current commissioning arrangements in Children Services.

A Joint Commissioning of Health Visiting Group chaired by Dr Tom Coffey and comprising commissioning leads from the CCG, the Local Authority and NHS England, has been set up to oversee the transfer of services to the Local Authority in 2015, and to ensure that the service continues to deliver positive outcomes and is fit for purpose locally.

Achievements from December 2012

The Children`s Health Overview and Clinical Reference Group has made the following achievements and progress against the key health priorities identified in the CRG work plan.

- **Child and Adolescent Mental Health Services (CAMHS) – Access to Mental Health Services**

Child Mental Health is a key priority in the Wandsworth CCG Operating Plan 14/15. In July 2012, the Child and Adolescent Mental Health Services were inspected by Ofsted. Ofsted requested an action plan demonstrating improvements in the following areas

- Waiting times for first appointment
- Clear thresholds for referral into the service
- Collaboration and communication with local services to avoid delays in appropriately signposting children to services

The CCG commissioned the new CAMHS Access to Mental Health Service which started in December 2013. The service provides the following benefits to children and families in Wandsworth.

- Reduced Waiting Times
- A single point of access for all referrals
- Faster more appropriate signposting of referrals
- Increased capacity for Specialist Tier 3 service – reducing the level of referrals by 37%.
- Integrated working with staff from the Local Authority and Mental Health Trust.

In February 2014, the Home Office Peer Review of Gangs and Violence in Wandsworth identified the new CAMHS Access Service as a model of best practice.

In May 2014, The Access service won the South West London & St Georges Mental Health Trust Partnership Award. The Award was given on the basis of evidence of the following.

- Improved access to services
- Improved responsiveness and range of service
- How partnership working has enhanced the experience of patients or the public in their use of services.
- Integrated care across internal & external teams i.e. voluntary sector, Local Authority etc.

- **Emotional well-being Service – Children in Primary Schools**

Place2Be delivers emotional and therapeutic support services to 11 primary schools in Wandsworth reaching a total school population of 3,695 children.

CCG investment has been used to expand the adult mental health/parenting provision within the Place2Be service. A Place for Parents is Place2Be's dedicated counselling service for parents, which is open to all mothers, fathers, grandparents and carers whose children attend Place2Be schools. The parent counselling works in a holistic way, complementing our work with children and recognising the significant impact parents, and their mental health, have on the wellbeing of their children.

The impact of work with children is measured using the Strengths and Difficulties Questionnaire (SDQ).

Overall, there was an improvement in outcome scores for both parents and children using the service (according to the CORE [OM] the percentage of parents measuring a reduction in distress rose from 93% to 94%; according to the SDQ 73% of children showed improvement compared to 72% in year 12/13). Although the percentage increase in improvement over the course of the year is small it does demonstrate that the work with families continues to be effective for the majority of families seen in the service.

Most of the children seen at Place2Be were from households with low income. 51% of children were from lone parent families and 41% were receiving free school meals. Of the parents supported, 64% were from black or ethnic minority backgrounds.

- **Single Point of Access for Children with Disabilities**

The CCG commissioned a Specialist Health Visitor and Administrative Team to provide a single point of access for all referrals for Children with Disabilities and complex needs. The main aim of this service is to ensure the referrals reach the appropriate service within 24

hours of receipt. Local GPs can access the service by an electronic Early Years referral form. The service has now started and is fully operational from March 2014.

- **National Institute for Health and Clinical Excellence (NICE) Compliance Attention Deficit Hyperactivity Disorder (ADHD)/Autistic Spectrum Disorder (ASD) Services**

The rate of referral for children suffering from Autistic Spectrum Disorders in Wandsworth has increased sharply and has outstripped capacity for early diagnostic assessment. On average there are 84 new referrals per year and this number is expected to rise.

CCG investment in 13/14 in additional clinical and administrative resources in the Autism Team based at St George's Healthcare NHS Trust has ensured that the service has additional capacity and is NICE compliant. The CAMHS team also takes referrals of children over eight years old with Autism and is also now NICE compliant as a result of additional investment by the CCG in the new Access Service which has increased the clinical capacity within the Tier 3 service.

Services for Children with Attention Deficit Disorder are also now NICE compliant due to CCG investment to increase the capacity of the local service based at St Georges Hospital.

- **Phlebotomy Service**

The CCG has commissioned a dedicated paediatric phlebotomy service to address a long standing need to have a service that meets the needs of children, young people and their parents, and provide effective and safe care, through appropriately trained and skilled staff working in suitable, child-friendly and safe environments.

This also supports the Report of the Children and Young People's Health Outcomes Forum 2013 requirement for access to services to age appropriate care.

The service has demonstrated the following benefits

- Better patient experience through a dedicated children's phlebotomy service
- A clear clinical pathway for the taking of blood from children across Wandsworth, Sutton and Merton
- A safer and more effective phlebotomy service for children

- **Speech and Language Therapy Secondary Schools**

Historically there has been no Speech and Language Therapy service to pupils of secondary school age in Wandsworth. The long term impacts of unresolved speech, language and communication impairments in small scale studies have been shown to be poor relationship development, greater potential for involvement with the criminal justice system and mental health issues. A therapy service would contribute to the multi-agency team in helping to prevent these long term impacts.

CCG funding from April 2013 was used to ensure that therapy provision recommendations are met for pupils attending mainstream secondary schools as documented in their Statement of Special Education. The service specification for the service has been agreed and the service is expected to have seen over 100 children by July 2014.

Commissioning Intentions 2014-2015/6

- **Review of Children's Services**

The development of a baseline service description of Children's Health Services provided by St George's Healthcare NHS Trust (SGH) for Wandsworth CCG with the contract for

2014/15 and 2015/16 is in process. The purpose of the baseline is to understand the level of services provided, cost of these services, number of children using the services and service compliance with best clinical practice and professional guidelines. This work will inform the focus of subsequent steps to develop a full service specification to support potential procurement plans in 2015/16

- **Place 2 Be**

The expansion of the Place 2 Be service to other Primary Schools in Wandsworth will also take place in 14/15. The scoping exercise to inform commissioning intentions will be completed in June/July 2014.

- **Implementation of Paediatric Review Group**

A community Paediatric Review Group has been set up and has been in operation over the past 18 months. The findings from the community Paediatric Review will inform the commissioning intentions for - 2015/16.

- **Perinatal Services**

Perinatal services are currently subject to review and the recommendations and the findings of the Independent Management Review will inform commissioning intentions in 15/16. The aim will be to develop and implement a clear referral pathway for the perinatal and maternal mental health services in Wandsworth.

- **Looked After Children**

A review of the health needs of children who are Looked After (LAC) in Wandsworth is currently in process. The outcomes of the review will inform commissioning intentions for 15/16.

- **Children and Young People's Plan and Safeguarding Priorities**

Wandsworth CCG will work with the Local Authority on the refresh of these priorities for 2015/2016, and jointly commission services where required.

- **The Special Educational Needs Reforms September 2014**

The Children and Families Act 2013 received royal assent in March 2014. The Special Educational Needs and Disability reforms (SEND) contained within it will become statutory from September 1st 2014. The changes are relevant to all children and young people resident in the Borough of Wandsworth who are registered with a Wandsworth GP. The key changes are summarised below

- **Education, Health and Care assessment and plans** A new Education, Health and Care Plan for 0-25 year olds replaces the current system of Statements and Learning Difficulty Assessments. These must reflect the child or young persons' aspirations for the future as well as their current needs.
- **More streamlined assessment process** A process which integrates education, health and care services and involves children and young people and their families centrally from the start.
- **Statutory protections for young people aged 16-25 in Further Education** Young people who remain in education or training post 16 can retain an EHC plan. There is a stronger focus on preparing for adulthood.
- **Local offer** Local Authorities and CCGs must publish a clear, transparent 'local offer' of services so parents and young people can understand what is available within the Borough and also what they might reasonably access in neighbouring Boroughs, how to access it and how to provide feedback. This has to cover

education, health; social services, voluntary sector, leisure activities, and support for post 16 year olds in education and preparation for adulthood.

- **Personal budget** Families and/or young people with a plan can request a personal budget extending choice and control over their support.
- **Joint commissioning** There is a new requirement for local authorities, health and care services to put in place arrangements to commission services jointly in order to ensure that the needs of disabled children and young people and those with SEN are met.

In June 2014 – August 2014, a scoping exercise will take place to inform CCG commissioning intentions in 2015/16.

Conclusion

Commissioning – and receipt of - high quality health services for children in Wandsworth is a key determinant of health for the future population in the borough. The commissioning landscape has become more fragmented, requiring additional focus on partnership arrangements to ensure coherence for families, and the new reforms related to services for children with special educational needs show a strong direction of travel towards integrated working with the Local Authority to deliver joined up care around the needs of each child.

Having made strong progress on a number of fronts in 2013/14, the CCG is in a good position to make future progress across these two key, and a number of other outlined, areas of further service improvement.

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Appendix 1

Determinants of children's health in Wandsworth

The 2012 [Chief Medical Officer's Annual Report \(Our Children Deserve Better: Prevention Pays\)](#), published in October 2013, touched on a wide range of issues affecting children's health. This overview of children's health needs in Wandsworth reflects the key themes discussed by the report.

Life chances and experiences are determined by the wider determinants. 19.9% of the population of Wandsworth is under the age of twenty. 72.2% of school children are from a black or minority ethnic group.

The level of child poverty in Wandsworth is worse than the England average with 22.4% of children aged under 16 years living in poverty. The rate of family homelessness is also worse than the England average.¹

Pregnancy, birth and early years

One of the highest priority recommendations in the 2010 Marmot Review was "Giving every child the best start in life" and the best start begins during pregnancy. The following are key issues during pregnancy, birth and early years in Wandsworth.

- The number of births in Wandsworth is one of the highest among its neighbouring boroughs. The numbers of birth has been increasing in recent years. This would increase demand for services for children and should be considered in allocating resources for these services e.g. Maternity and Health Visiting Services. Approximately 5,453 live births per year
- 4.0% of women were smoking at time of delivery in 2012/13 which is lower than national and regional averages of 12.7% and 5.7% respectively
- 6.8% of babies were born with low birth weights in 2011 which is worse than regional and national averages of 7.6% and 7.0% respectively
- Between 2009 and 2011 the average infant mortality rate was 3.4 per 1,000 live births which is lower than national average of 4.4 per 1,000.
- Immunisation -In 2012/13, lower percentage of children (82.8% have received their first dose of MMR by the age of two compared to the regional and national averages of 87.1% and 92.3%. By the age of five, the percentage of children who have received their second dose of MMR is lower with 78.9% of children compared with 80.8% and 87.7% at regional and national levels respectively.
- In 2010/11, 720.9 in 1,000 children aged 0-4 years attended A&E compared with the national average of 483.9 in 1,000.

For all these indicators, deprived areas tended to fare worse compared to the affluent areas.

School-Age years and adolescence

Children in Wandsworth have above average levels of obesity in 2012/13. 9.8% of children aged 4-5 years and 20.2% of children aged 10-11 years are classified as obese.

¹ Department of Health (2013). Looked-after children and young people. In *Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays. Chapter 11.*

<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

49.1% of children aged 8-15 years participate in at least three hours of sport a week which is worse than the England average of 55.1% (2009/10 data).

In 2011/12, 100.7 in 10,000 children aged 0-17 years were admitted to hospital due to injury which is better than national average of 122.6 per 10,000 but worse than the London average of 95.1 per 10,000.

Chlamydia and Gonorrhoea rates are rising in Wandsworth . One third of people diagnosed with Chlamydia are of school age .he Diagnosis rate of Chlamydia is 15 – 19 years: 2,626 per 100,000 population. 20 – 24 years: 2,873 per 100,000 population.

Between 1998 and 2011, the teenage pregnancy rate has fallen from 71 cases per 1,000 to 29.4 in 2011. Although this represented a significant reduction the 2011 rate was 14th highest teenage conception rate in London.

Children with disabilities and special needs

Only 17% of disabled people are born with disability.² The majority of disabled people acquire their disability later in their lives. Disabled children and young people face multiple barriers which make it more difficult for them to achieve their potential, achieve the outcomes their peers expect and to succeed in education.

The numbers of children with special educational needs and disabilities (SEND) are difficult to estimate accurately. Available estimates for Wandsworth range between 2,788 (4.1% of children and young people aged between 0 and 24 years, based on ONS 2011 Census)³ and 10,640 based on Child and Maternal Health Intelligence Network ([CHIMAT](#))⁴ estimates for children aged 0-19 years. The 2013 Wandsworth School Census showed there were 3,770 school children with SEN representing 12.1% of the entire school population

Mental health/ Alcohol problems in children and young people

About half of life-time mental illness (excluding dementia) starts before age 15 and 75% by the mid-20s with existing evidence indicating that much of the risk may be accumulated by age 18. It is crucial therefore to provide services that provide early intervention for children with emotional well-being and mental health issues.

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years) Young people aged under 18 admitted to hospital as a result of self-harm (rate per 100,000 population aged 0-17 years). In comparison with the 2004-07 periods, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose has increased in the 2008-11 period. Overall rates of admission in the 2008-11 period are similar to the England average.

²Regan S, Stanley K (2003). Work for disabled people. New Economy
[http://www.ippr.org/uploadedFiles/research/projects/Social_Policy/Work%20for%20disabled%20-%20Archilles\(1\).pdf](http://www.ippr.org/uploadedFiles/research/projects/Social_Policy/Work%20for%20disabled%20-%20Archilles(1).pdf)

³ 2011 ONS Census: Data available only for 0-15 and 16-24 years for children with long-term conditions or disabilities

⁴ Accessed on 12 March 2014

Looked-after children and young people

The 2012 Chief Medical Officer Annual Report⁵ highlighted the needs of Children Looked After (CLA). CLA are particularly prone to experiencing poorer health and social outcomes. There were 210 CLA in Wandsworth as of March 2013 equivalent to 37 per 10,000 population aged under 18. This rate is significantly lower than England average of 60 per 10,000.

Youth justice

Wandsworth has a higher than national average rate of children entering the Youth Justice System. Young people ages 16 years are most likely to enter the Youth Justice System. In 2010/11, 254 children in Wandsworth entered the Youth Justice System for the first time.

Female Genital Mutilation

Female Genital Mutilation is a growing concern in Wandsworth. 1044 women with FGM have come to the attention of Maternity services between 2007-2013. 73% the women were from Somalia. This is an objective for the Clinical Reference Group work programme in 14/15.

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Appendix 2
Children`s CRG Membership

Job Title	Name	Purpose on CRG
GP Clinical Lead	Tom Coffey	Chair, and to seek views of other GPs
Commissioning Lead	Lucie Waters	Ensure actions are delivered and congruent with CSP
Locality Clinical Lead	Anita Herdeiro	Implement actions locally where required
Locality Clinical Lead	Alice Palfreman	Implement actions locally where required
Safeguarding GP Lead	Helen Morgan	Ensure any safeguarding issues addressed
Joint Commissioning Unit representative	To Be Determined	Exploit opportunities for joint working / commissioning and linkages with CCG
Public Health Lead	Gabriel Agboado	Ensure actions are delivered and PH needs of the population met
Secondary Care consultant/specialist	TBC	Ensure actions 'fit' with secondary care
People and Communities	Through existing mechanisms	Reflect views of patients and enhance Tier O element
Community Services	Jenny Giles	Ensure actions 'fit' with community services
Children`s Mental Health Services	Jeremy Walsh	Ensure actions 'fit' with mental health services
Children`s Acute Health Services	Gavin James	Ensure actions 'fit' with acute health services
Wandsworth Borough Council	Paul Martland Sean Dunkling	Exploit opportunities for joint working / commissioning
Wandsworth CCG	John Beckles	Exploit opportunities for joint working / commissioning
Voluntary sector including Carers	Health Watch Representative	Influence CRG with PPI views

Appendix 3

Responsible Commissioner Arrangements

Key LA Public Health commissioning responsibilities – all ages, encompassing children
Healthy Child Programme for school-age children, including school nursing
Contraception (over and above what GPs provide) Testing and treatment of sexually transmitted infections, sexual health advice, prevention and promotion
Mental health promotion, mental illness prevention and suicide prevention
Local programmes to address physical inactivity and promote physical activity
Local programmes to prevent and address obesity, including National Child Measurement Programme and weight management services
Drug misuse services, prevention and treatment
Alcohol misuse services, prevention and treatment
Local smoking related activity, including stop smoking services and prevention activity
Locally-led initiatives on nutrition
Population level interventions to reduce and prevent birth defects (with PHE)
Dental – oral health promotion
Key CCG commissioning responsibilities – Children Specific
Children’s healthcare services
Maternity Services (and routine new-born services)
CAMHS
Community health services for children, including speech and language, continence, wheelchair services and home oxygen services
Services for children with learning disabilities
NHS Continuing healthcare - children
Key NHS CB commissioning responsibilities – all ages, encompassing children
Public health services for children from pregnancy to age 5 (Healthy Child Programme 0-5), including health visiting and family nurse partnership and responsibility for Child Health Information Systems (responsibility for children’s public health 0-5 due to transfer to LAs in 2015)
Child Immunisation programmes
Sexual assault referral services
Key NHS CB commissioning responsibilities: healthcare
NHS sight tests and optical vouchers
Dental services
All health services for children, young people and adults in prisons and other custodial settings (adult prisons, young offender institutions, juvenile prisons, secure children’s homes, secure training centres, immigration removal centres, police custody suites)